										4	officeries.	~~~	river bloom	- T	
	PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998 Application or Docket Number 09 / 36 7 26 1														
CLAIMS AS FILED - PART I (Column 2)										IL I	ENTITY	OR	OTHER SMALL I		
FC	R .		NUMBER FILED			NUMBER EXTRA			FAT	E	FEE		RATE	FEE	
BA	SIC FEE										380.00	OR	840	760.00	
TOTAL CLAIMS			25 minus 20=			. 5			X\$ 9=			OR	X\$18=	90	
INDEPENDENT CLAIMS			2 minus 3 a			•			X39=			OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		•	OR	+260=		
• If the difference in column 1 is less than zero, enter "0" in column 2										TOTAL		OR	TOTAL	930	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)										LL I	ENTITY	OR	OTHER SMALL		
AMENDMENT A		REM A	LAMS LAMS FIER NOMENT		P	HUGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RAT	E.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	25	Minus	_	سي	•	l	X\$ E) a		OR	X\$18=		
	independent	• 7	<u> </u>	Minus	**	• >	•		X39		·	OR	X78=		
A	FIRST PRESE	NTATIO	ON OF M	JUTIPLE DEF	ENI	DENT COUM			+13				+260=		
•)= YAL		OR			
										FEE		OR	ADDIT. FEE	L	
	<u></u>		umn 1)		_(Column 2)	(Column 3)								
AMENDMENT B	pdzlob	REL	LAIMS MAINING FTER MOMENT		P	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 2	15	Minus	8	25	•		XS)=		OR	X\$18=		
	Independent	•	A	Minus	-	DENT CLAPI	•	-	X3) -		OR	X78=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									0=	1	OR	+260 =		
												OR	ADOIT, FEE		
(Column 1) (Column 2) (Column 3)											· ·	_		•	
AMENDMENTC		REI	LAIMS KAINING UPTER HOMENT	·	,	NIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		PA*	re	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE	
	Total	• •		Minus	٠	•	-	1	×s	9=		OR	X\$18=		
	Independent	•		Minus	ŀ		<u> •</u>	1	X3	9≈		OR	X78=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									_	1	1			
١.	M the party is suit		lars there	مد ما سالم هما	-	2 write "II" in co	akaran 3		+15	O=	!	JOR	- TOTA		
If the entry in column 1 is less than the entry in column 2, write "O" in column 3, If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3."												JOR	ADDIT. FE		
	H Restgiff one If- with searbilff enti-	umper Fr mber Pr	whously Pr	and For (Total)	or pu	dependent) is th	e highest num	bef f	ound in	.	oproprista b	æ h c	olumn 1.		